



General Assembly

## ***Amendment***

January Session, 2015

LCO No. 8239



Offered by:

REP. SRINIVASAN, 31<sup>st</sup> Dist.

REP. CARTER, 2<sup>nd</sup> Dist.

To: Subst. House Bill No. 6736

File No. 409

Cal. No. 267

***"AN ACT EXTENDING TO OPTOMETRISTS THE PROHIBITION ON  
THE SETTING OF PAYMENTS BY HEALTH INSURERS AND  
OTHER ENTITIES FOR NONCOVERED BENEFITS."***

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

3 "Section 1. Section 38a-472h of the general statutes is repealed and  
4 the following is substituted in lieu thereof (*Effective January 1, 2016*):

5 (a) (1) No insurer, health care center, fraternal benefit society,  
6 hospital service corporation, medical service corporation or other  
7 entity delivering, issuing for delivery, renewing, amending or  
8 continuing an individual or a group dental plan in this state shall  
9 include in any contract with a dentist licensed pursuant to chapter 379  
10 that is entered into, renewed or amended on or after January 1, 2012,  
11 any provision that requires such dentist to accept as payment an  
12 amount set by such insurer, center, society, corporation or entity for  
13 services or procedures provided to an insured or enrollee that are not

14 covered benefits under such insured's or enrollee's plan.

15 [(b)] (2) A dentist shall not charge more for services or procedures  
16 that are not covered benefits than such dentist's usual and customary  
17 rate for such services or procedures.

18 [(c)] (3) Each evidence of coverage for an individual or group dental  
19 plan shall include the following statement:

20 "IMPORTANT: If you opt to receive dental services or procedures  
21 that are not covered benefits under this plan, a participating dental  
22 provider may charge you his or her usual and customary rate for such  
23 services or procedures. Prior to providing you with dental services or  
24 procedures that are not covered benefits, the dental provider should  
25 provide you with a treatment plan that includes each anticipated  
26 service or procedure to be provided and the estimated cost of each  
27 such service or procedure. To fully understand your coverage, you  
28 may wish to review your evidence of coverage document."

29 [(d)] (4) Each dentist shall post, in a conspicuous place, a notice  
30 stating that services or procedures that are not covered benefits under  
31 an insurance policy or plan might not be offered at a discounted rate.

32 (b) (1) No insurer, health care center, fraternal benefit society,  
33 hospital service corporation, medical service corporation or other  
34 entity delivering, issuing for delivery, renewing, amending or  
35 continuing an individual or a group vision plan in this state shall  
36 include in any contract with an optometrist licensed pursuant to  
37 chapter 380, an ophthalmologist licensed pursuant to chapter 370 or an  
38 optician licensed pursuant to chapter 381 that is entered into, renewed  
39 or amended on or after January 1, 2016, any provision that requires  
40 such optometrist, ophthalmologist or optician to accept as payment an  
41 amount set by such insurer, center, society, corporation or entity for  
42 services or procedures provided to an insured or enrollee that are not  
43 covered benefits under such insured's or enrollee's plan.

44 (2) An optometrist, ophthalmologist or optician shall not charge

45 more for services or procedures that are not covered benefits than such  
46 optometrist's, ophthalmologist's or optician's usual and customary rate  
47 for such services or procedures.

48 (3) Each evidence of coverage for an individual or a group vision  
49 plan shall include the following statement:

50 "IMPORTANT: If you opt to receive optometric, ophthalmological  
51 or optical services or procedures that are not covered benefits under  
52 this plan, a participating optometrist, ophthalmologist or optician may  
53 charge you his or her usual and customary rate for such services or  
54 procedures. Prior to providing you with optometric, ophthalmological  
55 or optical services or procedures that are not covered benefits, the  
56 optometrist, ophthalmologist or optician should provide you with a  
57 treatment plan that includes each anticipated service or procedure to  
58 be provided and the estimated cost of each such service or procedure.  
59 To fully understand your coverage, you may wish to review your  
60 evidence of coverage document."

61 (4) Each optometrist, ophthalmologist and optician shall post, in a  
62 conspicuous place, a notice stating that services or procedures that are  
63 not covered benefits under an insurance policy or plan might not be  
64 offered at a discounted rate.

65 [(e)] (c) The provisions of this section shall not apply to (1) a self-  
66 insured plan that covers dental services or optometric,  
67 ophthalmological or optical services, or (2) a contract that is  
68 incorporated in or derived from a collective bargaining agreement or  
69 in which some or all of the material terms are subject to a collective  
70 bargaining process."

This act shall take effect as follows and shall amend the following sections:

Section 1	January 1, 2016	38a-472h
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